

IMPORTANT EMERGENCY INFORMATION FOR PERSONS WITH DISABILITIES

Please read and retain for future reference.

Your local Emergency Response Group wants to help you and your family in an emergency. If you would require special help in an emergency, please let us know by filling out the attached Special Needs Questionnaire. If someone in your home uses a wheelchair, has a hearing problem, is blind or has another disability, and if transportation would be a problem during an emergency, fill out this card.

If you do not need this card, but know someone who does, please pass it on to them.

You just need to fill out the information, seal (do not staple) the card and put it in the mail. Remember, in order to help you, your Emergency Response Group needs your assistance.

SPECIAL NEEDS QUESTIONNAIRE

How many people in your household have the following disabilities ?

1. Hearing impairments _____

2. Visual impairments _____

3. Non-ambulatory _____

4. List mobility aids - cane, walker, wheelchair, etc.

5. Other disabilities

Describe

6. Do you have a TTY machine?

Circle answer. Yes No

7. If it became necessary for you or your family to leave the area because of an emergency declared by local, county or state officials, would you need transportation assistance?

Circle answer. Yes No

8. For how many people? _____

9. Type of transportation needed?

Bus

Car

Ambulance

Handivan

10. If you identified any needs on this form, please complete and return this form.

(Please print)

Name _____

Address _____

City, town, etc. _____

State _____

Zip _____

Daytime phone _____

Evening phone _____

E-mail _____

Describe your house (color, size, etc.)

Comments _____

NOTE: This information is considered to be confidential and will only be used for emergency purposes. You will be contacted by Emergency Management personnel to better serve you in the event of an emergency.

Date _____

Your Signature _____